VACCINE ADMINISTRATION RECORD

]	Name: Last N						Telepho	ne:			_
	LAST N	AME		FIRST N	VAME .	MI					
]	Date of Birth: _			Age	»:		Gender	r: Female		Male	
,	Town of Reside	ence:									
]	Mailing Addres	ss:									_
		Ρ.0	O. Box o	OR KK		Town		STATE		ZIP	
]	Island Physicia	n or Clin	ic:								
	I am not allergionercury-based p								Thimero	osal (a	
,	mercury-vaseu _l	preservan	ive), I uo	noi nave t	i nisiory o	y severe une					
	Signature of per		0	vaccine or	that perso	n's	Date: _				
I	parent/legal gua	ırdian if u	nder 18								
(CONSENT FOR CHILD'S VACCINATION:										
	I have read or had explained to me the 2013-2014 Inactivated Influenza Vaccine Information Statement and understand the risks and benefits. I give consent for my child named on this form to get vaccinated with this										
1	understand the r	isks and b	enefits.	I give cons	sent for m	y child name	d on this form	n to get vaccin	nated wi	ith this	
1		isks and b	enefits.	I give cons	sent for m	y child name	d on this form	n to get vaccin	nated wi	ith this	
1	understand the r vaccine. Childre	isks and b en under t	enefits. The age of	I give cons f 18 will no	sent for most be vacci	y child name nated withou	d on this form at this signed Date:	n to get vaccin consent.			
1	understand the r	isks and b en under t	enefits. The age of	I give cons f 18 will no	sent for most be vacci	y child name nated withou	d on this form at this signed Date:	n to get vaccin consent.			
-	understand the r vaccine. Childre	isks and ben under t	che age of	I give cons f 18 will no	sent for my	y child name nated withou	d on this form ut this signed Date:	n to get vaccin consent.			
2.	understand the revaccine. Children Parent/Legal Grant Complete this	isks and ben under tuardian's	senefits. the age of Signature f you are	I give cons f 18 will no	by Media	y child name nated withou	d on this form It this signed Date: or other insu	n to get vaccin consent.	_ gn agai		
2.	understand the revaccine. Children Parent/Legal Grand Complete this Medicare Number 1	isks and ben under the und	senefits. the age of Signatur f you are	I give cons f 18 will no re	sent for my ot be vacci	y child name nated withou	d on this form It this signed Date: or other insu Part B?	n to get vaccin consent.	- gn agai □ No	in below.	
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 $^{*\} Site\ given:\ RA=Right\ Arm,\ LA=Left\ Arm,\ RT=Right\ Thigh,\ LT=Left\ Thigh.$